08422 08432

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Men Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural, give location) 133 E. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) K (Last) BARNARD

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 23, 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): SINGLE

8. DATE OF BIRTH: MAY 26, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM BARNARD

14. MOTHER'S MAIDEN NAME: ALMA THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

970.2

Immediate cause (a) BARBITURATE INTOXICATION — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Turie, M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-23-54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial

DATE THEREOF 9-25-54

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 27 Sept. 1954

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR C. H. Feiler & Bro Brunswick Md

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
SEP 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08433

08456

# CERTIFICATE OF DEATH

Reg. Dist. No. 132

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights - near
LENGTH OF STAY (in this place) 55 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Vindobona Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 241 Washington Street

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) C. (Last) BELL

4. DATE OF DEATH: (Month) September (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 8, 1880

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hanson Spurrier

14. MOTHER'S MAIDEN NAME: Annie E. Burton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Charles F. Bell—241 Washington Street Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 442X Acute Cardiac Decompensation — Interval Between Onset And Death: 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio Vascular Renal Disease — 10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Edema + Obesity

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec —, 1942, to Sept 16, 1954, that I last saw the deceased alive on Sept 16, 1954, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE H Lawrence Fahrney (Degree or title) M.D. ADDRESS Frederick Md DATE SIGNED 9-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF September 20 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 18 Sept. 1954 | REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son—8 East Patrick Street Frederick, Maryland

RECEIVED
SEP 27 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08434

08457 CERTIFICATE OF DEATH Reg. Dist. No. 144

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Graceham
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Graceham
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Flora (Middle) Virginia (Last) Bowers

4. DATE OF DEATH: (Month) Sept. (Day) 4th. (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 20th. 1877

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lewistown. Fredk Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marshall H. Michael

14. MOTHER'S MAIDEN NAME: Victoria Barrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Lemuel Bowers. Graceham. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 7 1 X

IMMEDIATE CAUSE (A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of uterine cervix — 6 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1954, to Sept. 4, 1954 that I last saw the deceased alive on Sept. 3, 1954, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE M. Franklin Dinky M. D. ADDRESS Thurmont Md. DATE SIGNED 9/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 7th. 1954 — NAME OF CEMETERY OR CREMATORY United Brethern Cem. — LOCATION (City, town, or county) (State) Thurmont Fredk. Co. Md

DATE REC'D BY LOCAL REGISTRAR Sept. 7 1954 — REGISTRAR'S SIGNATURE Blanche S. Eyler

24. FUNERAL DIRECTOR ADDRESS M.L. Creager & Son. Thurmont. MD

RECEIVED
SEP 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08435

08458

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lantz - rural
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lantz - rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Chester (Last) Brown

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Marroed

8. DATE OF BIRTH: Jan. 26, 1884

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Upton Brown

14. MOTHER'S MAIDEN NAME: Margaret A. Heim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Vernie M. Brown Lantz, Md.

## 18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4

IMMEDIATE CAUSE (A) Acute dilatitation of heart — Sudden

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Congestive heart failure — 3yrs.

DUE TO (C) Chronic valvular heart disease — 3yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954, to Aug 31, 1954, that I last saw the deceased alive on Aug 31, 1954, and that death occurred at 8:30 AM from the causes and on the date stated above.

SIGNATURE James A. Gray M. D. ADDRESS Thurmont Md. DATE SIGNED Sept 9-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept 11 1954

NAME OF CEMETERY OR CREMATORY Bethel Cemetery

LOCATION (City, town, or county) (State) Near Cascade, Md.

DATE REC'D BY LOCAL REGISTRAR 9/10/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Walter Y. Grove Waynesboro, Pa.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 14 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08436

08423 CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Hamilton Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 50 Hamilton Avenue

3. NAME OF DECEASED: (Type or Print) (First) ESTHER (Middle) MAY (Last) BROWNING

4. DATE OF DEATH: (Month) (Day) (Year) September 15 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: June 19, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Showe

14. MOTHER'S MAIDEN NAME: Mary E. Suman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Fred A. Browning--50 Hamilton Avenue Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive arteriosclerotic heart disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to 9/15, 1954, that I last saw the deceased alive on 9/8, 1954, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

SIGNATURE James B. Thomas (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 9/16/54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial DATE THEREOF September 19 NAME OF CEMETERY OR CREMATORY Frederick Memorial Park LOCATION (City, town, or county) Frederick (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 16 Sept. 1954 REGISTRAR'S SIGNATURE Elizabeth L. Hoch.

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 20 1954
BUREAU V. S.

08459

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08437

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullen
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 123 West Church Street

3. NAME OF DECEASED (Type or Print): (First) Huldah (Middle) (Last) Brust
4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12/19/1880
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Brust
14. MOTHER'S MAIDEN NAME: VonBiele Feld

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 21 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1954, to Sept. 26, 1954, that I last saw the deceased alive on Sept. 26, 1954, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE: J. K. Lyon M.D. (Degree or title)
ADDRESS: Cullen, Maryland
DATE SIGNED: Sept. 27, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/28/54
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 9/27/54
REGISTRAR'S SIGNATURE: J. K. Lyon
24. FUNERAL DIRECTOR: M. R. Etchison & Son — ADDRESS: Frederick, Maryland

RECEIVED
SEP 28 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08438

08460 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Dickerson-Rural RD#1
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenfield

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2819 West Mosher Street

**3. NAME OF DECEASED:** (Type or Print) (First) MARJORIE (Middle) VIRGINIA (Last) CARROLL

**4. DATE OF DEATH:** (Month) 9 (Day) 23 (Year) 1954

**5. SEX:** Female

**6. COLOR OR RACE:** Colored

**7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~,** (Specify): Married

**8. DATE OF BIRTH:** 2 June 1915

**9. AGE last birthday:** 39 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): Domestic

**10b. KIND OF BUSINESS OR INDUSTRY:** House-work

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Samuel M. Brown

**14. MOTHER'S MAIDEN NAME:** Anna E. Weedon

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 214-20-3678

**17. INFORMANT & ADDRESS:** Mrs. Anna E. Weedon, RD#1, Dickerson, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — DUE TO — Interval Between Onset And Death: 1 wk

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) — DUE TO
(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION** —

**20. AUTOPSY?** Yes ☐ No XX

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from Sept 20, 1954, to Sept 20, 1954, that I last saw the deceased alive on Sept 20, 1954, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE E P Thomas (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 24 Sept 1954

**23.** BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 28 Sept 1954 | NAME OF CEMETERY OR CREMATORY Della Cemetery | LOCATION (City, town, or county) (State) Frederick County Maryland

DATE REC'D BY LOCAL REGISTRAR 27 Sept. 1954 | REGISTRAR'S SIGNATURE Elizabeth L. Deb

**24. FUNERAL DIRECTOR** M. R. Etchison & Son, Frederick, Maryland ADDRESS

SEP
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08439

08424 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 14 West Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) PETER (Last) CARTEE
4. DATE OF DEATH: (Month) (Day) (Year) September 4, 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 9, 1879
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Baking Company
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Firsbey Cartee
14. MOTHER'S MAIDEN NAME: Louisa Grossnickle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 214-10-3700
17. INFORMANT & ADDRESS: 14 West Jefferson Street, Mrs. Lola H. Cartee, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Pulmonary edema — 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cerebral hemorrhage — 7 days
DUE TO
(c) Generalized arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis — 3 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/25, 1954, to 9/4, 1954, that I last saw the deceased alive on 9/4, 1954, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. Talbot Brice M.D. Jefferson, Maryland 9/5/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 7, 1954
NAME OF CEMETERY OR CREMATORY Grossnickles Cemetery
LOCATION (City, town, or county) (State) Frederick, County, Maryland

DATE REC'D BY LOCAL REGISTRAR 7 Sept 1954
REGISTRAR'S SIGNATURE Elizabeth Y. Fech
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP 3 1
U. S.

08440

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

084..5

# CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 1 yr. 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 E. 4th. St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Walkersville
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| FLORENCE | JEANETTE | CECIL | Sept. | 3 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | Single | Feb. 2, 1865 | 89 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Home Builder | own home | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William Martin Cecil | Mary Jane Hewitt |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | — | Mrs. Frida Doll, 240 Carroll Pky., Fred. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| **Immediate cause** | (a) Ignition | |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral thrombosis | |
| | (c) Generalized arteriosclerosis | |

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from July 28, 1954, to Sept. 3, 1954, that I last saw the deceased alive on Aug 31, 1954, and that death occurred at 4.30 A.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Barry J. Plunkett, Jr. M.D. | Walkersville | Sept 4 1954 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept. 5, 1954 | Glade Cemetery | Walkersville Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Sept 4, 54 | L C Powell | J.C. Barton, Walkersville, | Md. |

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP 7
U. S.

08461

08441

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NR. LEWISTOWN
LENGTH OF STAY (in this place) YES
HOSPITAL OR INSTITUTION OR STREET ADDRESS RTE 1, THURMONT

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN NR. LEWISTOWN
STREET ADDRESS (If rural, give location) RTE 1, THURMONT

**3. NAME OF DECEASED: (Type or Print)** (First) REVA (Middle) MAY (Last) ELIZABETH CLARY

**4. DATE OF DEATH** (Month) SEPT. (Day) 26, (Year) 1954

**5. SEX:** FEMALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** MARRIED

**8. DATE OF BIRTH:** 6-7-1916

**9. AGE last birthday:** 38 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):** HOUSEWORK

**10b. KIND OF BUSINESS OR INDUSTRY:** Own home

**11. BIRTHPLACE (State or foreign country):** MARYLAND

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** George Daniel Wiles

**14. MOTHER'S MAIDEN NAME:** Amelia E. Plunkert

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)** No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 219-07-1885

**17. INFORMANT & ADDRESS:** Mrs. Chester F. Miller (Sister) Rt. 5 Frederick Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

Immediate cause (a) GUNSHOT WOUND HEAD AND BRAIN — INTERVAL BETWEEN ONSET AND DEATH: MINS.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21a. EXTERNAL CAUSE WAS** PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,** INJURY HOME

**21c. (City or town)** NR LEWISTOWN — **(County)** FREDERICK — **(State)** MD.

**21d. TIME (Month) (Day) (Year) (Hour) OF INJURY** 9-26-54 @ 9:45 a M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☒

**21f. HOW DID INJURY OCCUR?** SHOT SELF WITH .32 CAL PISTOL

**22.** I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Turie, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-27-54

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial | **DATE THEREOF** September 28 | **NAME OF CEMETERY OR CREMATORY** Mount Olivet Cemetery | **LOCATION (City, town, or county) (State)** Frederick, Maryland

**DATE REC'D BY LOCAL REG.** 27 Sept 1954 | **REGISTRAR'S SIGNATURE** Blanche A. Eyler

**24. FUNERAL DIRECTOR ADDRESS** C. E. Cline & Son—8 East Patrick Street Frederick, Maryland

SEP 30 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08462

# CERTIFICATE OF DEATH

08442

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick-Rural R.D.#6
LENGTH OF STAY (in this place): 3 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reich's Ford Road

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick*rural R.D.#6
STREET ADDRESS (If rural give location): Reich's Ford Road

**3. NAME OF DECEASED:** (Type or Print) (First) WILLIAM (Middle) ROBERT (Last) COSTER Jr.

**4. DATE OF DEATH:** (Month) (Day) (Year) September 22, 19 54

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | July 14, 1938 | 16 yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Student | Public School | Washington,D.C. | USA |

**13. FATHER'S NAME:** William R. Coster Sr.

**14. MOTHER'S MAIDEN NAME:** Florence Wallace

| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | None | William R. Coster Sr.,Frederick,R.D.#6, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Lymphosarcoma — Interval Between Onset And Death: 3 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| Unknown | Rt. axillary node biopsy confirmed above diagnosis | Yes ☐ No XX |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 9-22, 1954, to 9-22, 1954, that I last saw the deceased alive on 9-22, 1954, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE: Ruth R Martin (Degree or title) M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 9/24/1954

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept.25,1954 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 24 Sept 1954 | Lucian K Falconer | M. R. Etchison & Son, Frederick, Maryland |

RECEIVED
SEP
BUREAU V. S.

08463

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08443

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital Rural

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) Monterey Ave

3. NAME OF DECEASED (Type or Print) (First) James (Middle) James (Last) Crawmer

4. DATE OF DEATH (Month) September (Day) 20 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify) M

8. DATE OF BIRTH 6-11-1883

9. AGE last birthday 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Crawmer

14. MOTHER'S MAIDEN NAME Susan Yauspaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 215-20-8135

17. INFORMANT Mary Grimes, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval between onset and death: 2 wks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic myocarditis — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1954, to Sept 20, 1954, that I last saw the deceased alive on Sept 20, 1954 and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE H. H. Klee M.D. (Degree or title) ADDRESS Fordeen Md DATE SIGNED Sept 20 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 9/22/54 | NAME OF CEMETERY OR CREMATORY Mount Union | LOCATION (City, town, or county) Carroll County (State) Md

DATE REC'D BY LOCAL REG. 22 Sept 1954 | REGISTRAR'S SIGNATURE Elizabeth G. Hesson

24. FUNERAL DIRECTOR D. D. Hartman & Son ADDRESS New Windsor, Md.

SEP 2
BUREAU V. S.

08464

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08444

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 139

**1. PLACE OF DEATH:**
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR LANTZ
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS TIPAHATO HOME ~~RETARDED CHILDREN~~

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE PENNA. COUNTY BUTLER
~~CITY~~ (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ HECKMANS HIGHLANDS
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| JEFFREY | WALTERS | DAVIS | SEPT. | 16, | 19 54 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | SINGLE | APRIL 15, 1949 | 5 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| NONE | | NEW YORK | U.S.A. |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| WARREN IRVING DAVIS | Elizabeth Walter |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| NO | NONE | TIPAHATO RECORDS |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) SCHILDER'S DISEASE — INTERVAL BETWEEN ONSET AND DEATH: YRS.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐ |
|---|---|---|
| | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State) |
|---|---|---|
| NONE | | |

| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| NONE M. | | |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Durie, M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-16-54

| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept. 18, 1954 | Riverside Cemetery | Rochester New York |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 17 Sept. 1954 | | Hedge's Funeral Chapel | Rochester, N.Y. |

C. E. Cline & Son - Local Funeral Director

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

SEP 20 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08445

08426 **CERTIFICATE OF DEATH**

Reg. Dist. No. 131

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Frederick MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) Days | CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital | STREET ADDRESS (If rural give location) 423 East Patrick Street |

3. NAME OF DECEASED: (Type or Print) (First) AMY (Middle) KUMP (Last) DIXON

4. DATE OF DEATH: (Month) (Day) (Year) September 28, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Jan. 1, 1879

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis H. Kump

14. MOTHER'S MAIDEN NAME: Annie Kauffman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 423 East Patrick Street, Elmer E. Dixon, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchitis carcinoma of — Interval Between Onset And Death

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) rt lung (primary infection) — 6 mo. +

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 1954, to Sept. 28, 1954, that I last saw the deceased alive on Sept. 28, 1954, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. — ADDRESS Frederick, Maryland — DATE SIGNED 10/1/1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial — DATE THEREOF Oct. 1, 1954 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 1 October 1954 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT
BUREAU
OCT
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08446

08427 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick 11 LENGTH OF STAY (in this place) 3 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 127 W South Street

3. NAME OF DECEASED: (Type or Print) (First) Deborah (Middle) Jean (Last) Eavey
4. DATE OF DEATH: (Month) Sept (Day) 18 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): S
8. DATE OF BIRTH: Sept 15, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Roger Eavey
14. MOTHER'S MAIDEN NAME: Martha Jane Bowers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

761.5
Immediate cause (a) Immaturity — 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Premature Separation of Placenta — 1 wk?
DUE TO
(c) Prematurity (birth wt 2#4oz) — 3 dys

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Sept, 1954, to 18 Sept, 1954, that I last saw the deceased alive on 18 Sept, 1954, and that death occurred at 4:30 PM from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. L. Guest MD 7 E. Church St. Frederick 18 Sept 54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 22 Sept 1954 Mount Olivet Cemetery Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 25 Sept 1954 REGISTRAR'S SIGNATURE Elizabeth S. Fech
24. FUNERAL DIRECTOR ADDRESS
M. R. Etchison & Son, Frederick, Maryland

2094193201

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08447

08465 # CERTIFICATE OF DEATH

Reg. Dist. No. / 3 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
LENGTH OF STAY (in this place) /
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED:** (Type or Print) (First) Harry (Middle) B. (Last) Eccard

**4. DATE OF DEATH:** (Month) 9 (Day) 12 (Year) 1954

**5. SEX:** male

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):**

**8. DATE OF BIRTH:** 3-12-1883

**9. AGE last birthday:** 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): Trucker, ret

**10b. KIND OF BUSINESS OR INDUSTRY:** milk truck

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** Simon P. Eccard

**14. MOTHER'S MAIDEN NAME:** Effie Shuff

**15 WAS DECEASED EVER IN U.S ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** 215-30-9823

**17. INFORMANT & ADDRESS:** Ernest Eccard, Myersville, Md.

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

260X

**Immediate cause** (a) Coronary Thrombosis — 0

**Antecedent causes (s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Diabetes Mellitus — 10 years

DUE TO (c) Arteriosclerotic Heart Disease — 2 years

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURED** While at Work ☐ Not While At Work ☐

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Sept, 1953, to Sept 12, 1954, that I last saw the deceased alive on Sept 12, 1954, and that death occurred at 12 05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Norman E Stine M D — 4 W 3rd St — 13 Sept 54

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**DATE THEREOF** 9-14-1954

**NAME OF CEMETERY OR CREMATORY** U.B. Cemetery

**LOCATION** (City, town, or county) (State) Myersville Md

**DATE REC'D BY LOCAL REGISTRAR** Sept 14-54

**REGISTRAR'S SIGNATURE** Marie Kiaski

**24. FUNERAL DIRECTOR** Gladhill Co, Middletown, Md. ADDRESS

VS. A15

SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08448

08428 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 115 Jefferson Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) JACOB (Last) FULMER
4. DATE OF DEATH: (Month) (Day) (Year) September 6, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify) Widower
8. DATE OF BIRTH: March 10, 1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harmon Fulmer
14. MOTHER'S MAIDEN NAME: Charlotte Heller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 115 Jefferson Street, Mrs. Claude Shoemaker, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphatic Leukemia — Interval Between Onset And Death 3 mo +

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis + — 3 yrs +

DUE TO

(c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1948, to Aug 6, 1954, that I last saw the deceased alive on Aug. 5, 1954, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

SIGNATURE B. O'Thomas (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9/7/1954

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Sept. 8, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 7 Sept. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

08429 08449

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) FREDERICK
LENGTH OF STAY (in this place) 60Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
~~CITY~~ OR TOWN (If outside corporate limits write RURAL and give nearest town) THURMONT
STREET ADDRESS (If rural, give location) WOODSIDE AVE.

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) ADOLPH (Last) GARDNER, III
4. DATE OF DEATH (Month) SEPT. (Day) 16, (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): SINGLE
8. DATE OF BIRTH: JAN. 23, 1943
9. AGE last birthday: 11 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: At School
11. BIRTHPLACE (State or foreign country): Michagan
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: PAUL ADOLPH GARDNER III
14. MOTHER'S MAIDEN NAME: Viola Davies
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Paul A. Gardner Jr. Thurmont. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | SURGICAL SHOCK | 2½ Hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) | FRACTURED FEMUR (RT.), RIBS (RT), | 2½ Hrs. |
| | DUE TO (c) | PNEUMOTHORAX, RT. | 2½ Hrs |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
21c. (City or town) Thurmont - (County) Frederick - (State) Md
21d. TIME OF INJURY (Month) 9-16-54 (Day) (Year) (Hour) 6:30 p M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Struck by passenger automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Fuire M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-16-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial
DATE THEREOF Sept. 20th 1954
NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park Cemetery
LOCATION (City, town, or county) (State) WATERLOO Howard Co. MD
DATE REC'D BY LOCAL REG. 19 Sept 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M.L.Creager & Son. Thurmont ADDRESS MD

VS. A15A-5-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08450

08466

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Alta (Middle) L. (Last) Grams
4. DATE OF DEATH: (Month) 9 (Day) 9 (Year) 1954
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 5-26-1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Clarence H. Grams, Burkittsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4-4-21
Immediate cause (a) Cardio-Renal-Vascular disease DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death: 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954, to Sept 9, 1954, that I last saw the deceased alive on Sept 9, 1954, and that death occurred at 7:40 P., from the causes and on the date stated above.
SIGNATURE J. E. Harp (Degree or title) MD ADDRESS Middletown DATE SIGNED Sept 10 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9-12-1954 NAME OF CEMETERY OR CREMATORY Locust Valley Ch. & Cem. LOCATION (City, town, or county) Middletown (State) Md.
DATE REC'D BY LOCAL REGISTRAR 11 Sept. 1954 REGISTRAR'S SIGNATURE Elizabeth S. Fech
24. FUNERAL DIRECTOR Gladhill & Co. ADDRESS Middletown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

08467 **MARYLAND STATE DEPARTMENT OF HEALTH** 08451

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkettsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burkettsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) C. (Last) HARMAN

4. DATE OF DEATH: (Month) Sept. (Day) 22, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 27, 1875

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Harman

14. MOTHER'S MAIDEN NAME: Mary O'Grady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Grace Hahn - 3145 Elmora Ave.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Cerebral Hemorrhage — 3 days.

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Hypertension - Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1954, to Sept 22, 1954, that I last saw the deceased alive on Sept 21, 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE J. E. Hahn (Degree or title) ADDRESS Middletown DATE SIGNED Sept 22 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/25/54 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 9/23/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08468

# CERTIFICATE OF DEATH

08452

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doubs
LENGTH OF STAY (in this place) 64 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Doubs
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WILLIAM (Last) HICKMAN

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: 15 March 1869

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John P. Hickman

14. MOTHER'S MAIDEN NAME: Christine Compher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Austin C. Murray, Lime Kiln, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignancy of Stomach — Interval Between Onset And Death: 1 year (?)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Sept, 1953, to 2 Sept, 1954, that I last saw the deceased alive on 1 Sept, 1954, and that death occurred at 10:40 PM, from the causes and on the date stated above.

SIGNATURE Charles H. Bailey (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 3 Sept 1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF 5 Sept 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 3 Sept. 1954
REGISTRAR'S SIGNATURE Elizabeth L. Hoke
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 7
V. S.

08430

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08453

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mr. Frederick
LENGTH OF STAY (in this place) mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS En route Fred. Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Barnesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) E (Last) Johnson, Jr.

4. DATE OF DEATH (Month) Sept. (Day) 20, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: April 2, 1949

9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Pre-school

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Luther E. Johnson, Jr.

14. MOTHER'S MAIDEN NAME: Mary Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Father Luther Johnson, Barnesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Basilar fracture of skull — INTERVAL BETWEEN ONSET AND DEATH 15 mins.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway

21c. (City or town) Barnesville (County) Montgomery (State) Md.

21d. TIME OF INJURY (Month) Sept. (Day) 20, (Year) 1954 (Hour) 4 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Struck by automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Davis, M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-20-54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial

DATE THEREOF Sept 23-54

NAME OF CEMETERY OR CREMATORY Monocacy

LOCATION (City, town, or county) (State) Barnesville, Md

DATE REC'D BY LOCAL REG. 21 Sept. 1954

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS William B. Hilton, Barnesville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08454

08431 CERTIFICATE OF DEATH Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) 2 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#1
STREET ADDRESS (If rural give location) Ceresville

3. NAME OF DECEASED: (Type or Print) (First) BELVA (Middle) GRACE (Last) KELLY
4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 13 May 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House-work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Americus A. G. P. Wiles
14. MOTHER'S MAIDEN NAME: Sarah Hummer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Raymond L. Kelly, RD#1, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary edema — Interval Between Onset And Death: 4 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial insufficiency — 5 days
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1954, to 9/26, 1954, that I last saw the deceased alive on 9/26, 1954, and that death occurred at 3:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S. R. Schoolman M. D. Frederick, Maryland 27 Sept 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 28 Sept 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 27 Sept 1954
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15

SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08455

08452 **CERTIFICATE OF DEATH** Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Brunswick
LENGTH OF STAY (in this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 509 East Potomac

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 509 East Potomac

**3. NAME OF DECEASED:** (Type or Print) (First) Mary (Middle) Edith (Last) Koogle

**4. DATE OF DEATH:** (Month) (Day) (Year) 9 — 11 — 1954

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Married

**8. DATE OF BIRTH:** 5-22-1898

**9. AGE last birthday:** 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** Home

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** George D. Catlett

**14. MOTHER'S MAIDEN NAME:** Mary Pearl Hutsler

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service) no

**16. SOCIAL SECURITY NO.:** —

**17. INFORMANT & ADDRESS:** J. Grayson Koogle Brunswick Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| **Immediate cause** | (a) Uremia, acute | 3 days |
| DUE TO | | |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Chronic nephritis - pneumonia - renal disease | 10 yrs |
| DUE TO | | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from Sept 11, 1954, to Sept 11, 1954, that I last saw the deceased alive on Sept 11, 1954, and that death occurred at 6:11 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 9-11-54

**23. BURIAL, CREMATION / REMOVAL** (Specify): Burial

DATE THEREOF 9-14-54

NAME OF CEMETERY OR CREMATORY Lutheran

LOCATION (City, town, or county) (State) Middletown Md

DATE REC'D BY LOCAL REG. Sept 13-54

REGISTRAR'S SIGNATURE Kathryn H. Brown

**24. FUNERAL DIRECTOR** C. H. Fell & Bro ADDRESS Brunswick Md

RECEIVED
SEP 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08456

08432 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 No Market St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 112 No Market St

3. NAME OF DECEASED: (Type or Print) (First) Fredericka (Middle) Eugenie (Last) Kramer
4. DATE OF DEATH: (Month) September (Day) 2 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1-31-77
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Louis Kramer
14. MOTHER'S MAIDEN NAME: Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Angelo Kramer - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

1. X

Immediate cause (a) Carcinoma of Right Breast — 6 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis — 4 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1948, to 9-2, 1954, that I last saw the deceased alive on 8/27, 1954, and that death occurred at 2:45 A.M. from the causes and on the date stated above.

SIGNATURE J. R. Schoolman (Degree or title) M.D. ADDRESS 228 N. Market St Frederick DATE SIGNED 9-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-3-54
NAME OF CEMETERY OR CREMATORY Ahavas Chesed
LOCATION (City, town, or county) Randallstown (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-3-54
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Jack Levers Jr. ADDRESS 2100 Eutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08457

08433 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS I.O.O.F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Fre Baltimore
STREET ADDRESS (If rural give location) 2016 Robb Street

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) EMMA (Last) LAWRENCE
4. DATE OF DEATH: (Month) September (Day) 11, (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widow
8. DATE OF BIRTH: Sept. 15, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Columbus W. Wilson
14. MOTHER'S MAIDEN NAME: Mary E. Lawrence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: I.O.O.F. Home Records, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) # 1 Chronic myocarditis | 6 years |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Arterio sclerosis | 6 years |
| | DUE TO (c) | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 49, to Sept. 11, 19 54, that I last saw the deceased alive on Sept. 10, 19 54, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9/13/1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Sept. 14, 1954
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 13 Sept 1954
REGISTRAR'S SIGNATURE Elizabeth L. Keefer
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08458

08434 CERTIFICATE OF DEATH Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 West Fifth Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 115 West Fifth Street

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) EILEEN (Last) LIDIE
4. DATE OF DEATH: (Month) September (Day) 12, (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: August 26, 1901
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jacob H. Philips
14. MOTHER'S MAIDEN NAME: Dora E. Bennett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: 115 West Fifth Street, Calvin Lidie Sr., Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Carcinoma of left breast with wide spread metastases 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1952 & Oct. '53
19b. MAJOR FINDINGS OF OPERATION: 1st. operation- carcinoma left breast, 2nd " - metastatic nob removed from left neck.
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19-54, to 9-12-54, 19....., that I last saw the deceased alive on 9-11-54, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Roy R. Martin M.D. Frederick, Maryland 9/13/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 15, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 14 Sept. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

RECEIVED
SEP 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08459

# 08435 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) Since 1937
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 108 West 12th Street

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) BRAMWELL (Last) MAGAHA

4. DATE OF DEATH: (Month) 9 (Day) 17, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7 March 1909

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life. (Never merely "retired") Express Messenger

10b. KIND OF BUSINESS OR INDUSTRY: Railway Express Agency

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas H. Magaha

14. MOTHER'S MAIDEN NAME: Mary E. Sauers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-03-7740

17. INFORMANT & ADDRESS: Mrs. Margaret King Magaha, 108 W. 12th St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — Interval Between Onset And Death: 1 year(+)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to 17 Sept, 1954, that I last saw the deceased alive on 17 Sept, 1954, and that death occurred at 10:30 PM, from the causes and on the date stated above.

SIGNATURE Charles H Cooley Jr. (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 18 Sept 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 20 Sept 1954 — NAME OF CEMETERY OR CREMATORY Frederick Memorial Park — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 20 Sept. 1954 — REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
SEP 21 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08436 **CERTIFICATE OF DEATH** Reg. Dist. No. 08460 B1

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) Kirby (Last) Martin
4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Jan 6-1906
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Refrigeration Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Parsons Co
11. BIRTHPLACE (State or foreign country): Thurmont Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Frank R. Martin
14. MOTHER'S MAIDEN NAME: Belva L. Weller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 2
16. SOCIAL SECURITY No.: 185-03-2140
17. INFORMANT & ADDRESS: Viola F Martin Thurmont Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset And Death 1 hour
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1954, to 9/11, 1954, that I last saw the deceased alive on 9/11, 1954, and that death occurred at 1:00 PM, from the causes and on the date stated above.

SIGNATURE E. A. Dettbarn (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED 9/12/54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Sept. 14-1954
NAME OF CEMETERY OR CREMATORY Blue Ridge Cem
LOCATION (City, town, or county) Thurmont (State) Md

DATE REC'D BY LOCAL REGISTRAR 13 Sept 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08469

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08461 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

**1. PLACE OF DEATH:**

COUNTY Frederick MARYLAND

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Mr. Urbana

LENGTH OF STAY (in this place) mins.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway 2[illegible]

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Pennsylvania COUNTY Allegheny

CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ Pittsburgh

STREET ADDRESS (If rural, give location) 14 Brownell Place

**3. NAME OF DECEASED:** (Type or Print) (First) William (Middle) Jack (Last) McAmis

**4. DATE OF DEATH** (Month) Sept. (Day) 25, (Year) 1954

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify):** Single

**8. DATE OF BIRTH:** May 15, 1925

**9. AGE last birthday:** 29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Salesman

**10b. KIND OF BUSINESS OR INDUSTRY:** Hardware

**11. BIRTHPLACE** (State or foreign country): Greenville, Tenn.

**12. CITIZEN OF WHAT COUNTRY?** U. S.

**13. FATHER'S NAME:** William O. McAmis

**14. MOTHER'S MAIDEN NAME:** Myrtle? (last name unknown)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.11

**16. SOCIAL SECURITY No.:** 579-18-9451

**17. INFORMANT & ADDRESS:** Mrs Myrtle McAmis Seton Place, Washington, D.C.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:** INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Skull — Unst.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDING OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.**

**21b. PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) Highway

**21c.** (City or town) Mr. Urbana (County) -Frederick- (State) Maryland

**21d. TIME OF INJURY** (Month) Sept. (Day) 25, (Year) 1954 (Hour) 1:15am M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☒

**21f. HOW DID INJURY OCCUR?** Driver of auto which struck culvert

**22.** I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Furie, M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-2[illegible]-54

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial

DATE THEREOF 28 Sept 1954

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 25 Sept 1954

REGISTRAR'S SIGNATURE Elizabeth G. Heck

**24. FUNERAL DIRECTOR** Martin W. Hysong Co., Washington, D. C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08462

08437

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Virginia — COUNTY Loudoun
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lovettsville
STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED:** (Type or Print) (First) HARRY (Middle) CLIFTON (Last) McKIMMEY

**4. DATE OF DEATH:** (Month) 9 (Day) 15, (Year) 1954

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify):** Widowed

**8. DATE OF BIRTH:** 27 Sept 1878

**9. AGE last birthday:** 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Retired

**10b. KIND OF BUSINESS OR INDUSTRY:** Railroad Employee

**11. BIRTHPLACE** (State or foreign country): Virginia

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** William McKimmey

**14. MOTHER'S MAIDEN NAME:** Isabelle Beamer

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 723-14-6593A

**17. INFORMANT & ADDRESS:** Mrs. Ralph Stine, Frederick, Maryland

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

**19a. DATE OF OPERATION:** 9/14/54

**19b. MAJOR FINDINGS OF OPERATION** Transurethral Prostatic Resection (Probably Benign)

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9 ,1954, to 9/15 , 1954, that I last saw the deceased alive on 9/15 , 1954, and that death occurred at 9:15 PM , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. A. Pearre M. D. Frederick, Maryland 16 Sept 1954

**23. BURIAL, CREMATION, ~~REMOVAL~~** (Specify) Burial — DATE THEREOF 18 Sept 1954 — NAME OF CEMETERY OR CREMATORY Union Cemetery — LOCATION (City, town, or county) (State) Lovettsville, Virginia

DATE REC'D BY LOCAL REGISTRAR 16 Sept 1954 — REGISTRAR'S SIGNATURE Elizabeth G. Heck

**24. FUNERAL DIRECTOR** M. R. Etchison & Son — ADDRESS Frederick, Maryland

RECEIVED
SEP 20 1954
BUREAU V. S.

08438

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08463

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

**1. PLACE OF DEATH:** COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) 2 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:** STATE Maryland COUNTY Frederick; ~~CITY~~ OR TOWN (If outside corporate limits write RURAL and give nearest town) Emmittsburg; STREET ADDRESS (If rural, give location) West MAIN Street

**3. NAME OF DECEASED:** (Type or Print) (First) HARRY (Middle) Francis (Last) MILLER

**4. DATE OF DEATH** (Month) (Day) (Year) SEPT. 15, 1954

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify):** Single

**8. DATE OF BIRTH:** DEC. 24, 1922

**9. AGE last birthday:** 31 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Chauffeur

**10b. KIND OF BUSINESS OR INDUSTRY:** AUTO Chauffeur

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** John Miller

**14. MOTHER'S MAIDEN NAME:** Sara Tressler

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 216-14-5728

**17. INFORMANT & ADDRESS:** Hospital Record

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fractured Skull — Interval Between Onset and Death: 6 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Subdural & Subarachnoid Hemorrhage — 6 hrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

**21a. EXTERNAL CAUSE WAS** PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY Street

**21c.** (City or town) Emmittsburg - (County) Frederick - (State) Md

**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY Sept. 15, 1954 6 P.M.

**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐

**21f. HOW DID INJURY OCCUR?** Fell & struck head on sidewalk

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Durie M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 9-16-54

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF SEPT. 18-1954 — NAME OF CEMETERY OR CREMATORY New St Joseph — LOCATION (City, town, or county) Emmitsburg — (State) MD.

DATE REC'D BY LOCAL REG. 18 Sept. 1954 — REGISTRAR'S SIGNATURE Elizabeth S. Heck

**24. FUNERAL DIRECTOR** S. L. Allison — ADDRESS Emmitsburg, MD.

SEP 21 19-1
REAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08464

08453 CERTIFICATE OF DEATH Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Brunswick
MARYLAND LENGTH OF STAY (In this place) 61 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 West Potomac St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frad.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) 230 West Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Elizabeth (Last) Mills

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 11-22-1869

9. AGE last birthday: 84 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (If retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Fouch

14. MOTHER'S MAIDEN NAME: Sarah West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs Cordia Thomas Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Coronary thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility DUE TO

(c)

Interval Between Onset And Death: 1 day

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 1954, to 9-19, 1954, that I last saw the deceased alive on 9-19, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 9-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-21-54

NAME OF CEMETERY OR CREMATORY St. Luke's

LOCATION (City, town, or county) (State) Brownsville, Washington Co. Md.

DATE REC'D BY LOCAL REGISTRAR Sept 20-54

REGISTRAR'S SIGNATURE Kathryn N. Brown

24. FUNERAL DIRECTOR C. H. Fuhrman & Bro

ADDRESS Brunswick, Md.

SEP
U. S.

08470

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08465

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cullen
LENGTH OF STAY (In this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 5,
STREET ADDRESS (If rural, give location): 521 N. Glover Street

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) Stella (Last) Mosca

4. DATE OF DEATH: (Month) Sept. (Day) 20, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 2, 1916

9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mlynski

14. MOTHER'S MAIDEN NAME: Mary Wascienuk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-16-3006

17. INFORMANT AND ADDRESS: Bertha Stella Mosca, 521 N. Glover St., Baltimore 5, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | 12 years. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1954, to Sept. 20, 1954, that I last saw the deceased alive on Sept. 20, 1954, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

SIGNATURE: J. B. Lyon, M.D. (Degree or title) ADDRESS: Cullen, Maryland DATE SIGNED: Sept. 21, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-23-54 — NAME OF CEMETERY OR CREMATORY: Oaklawn — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 9/20/54 — REGISTRAR'S SIGNATURE: J. B. Lyon

24. FUNERAL DIRECTOR — ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08466

08454

# CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Brunswick
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS II3 6th.Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) II3 6th.Avenue

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Harry (Last) Nokes

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 19 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write word) Widowed

8. DATE OF BIRTH: 9-22-1886

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Conductor

10b. KIND OF BUSINESS OR INDUSTRY: B & O.R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Nokes

14. MOTHER'S MAIDEN NAME: Hattie Corder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 705-09?-631

17. INFORMANT & ADDRESS: Harry E.Nokes, Hagerstown, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hem — DUE TO — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26 19 54 to 9/26 19 54 that I last saw the deceased alive on 9/26 19 54 and that death occurred at 8:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 9/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9-29-1954
NAME OF CEMETERY OR CREMATORY: Park Heights
LOCATION (City, town, or county) (State): Brunswick, Maryland

DATE REC'D BY LOCAL REG. Sept 29 54
REGISTRAR'S SIGNATURE: Kathryn H. Brown

24. FUNERAL DIRECTOR ADDRESS: C.H.Feete and Bro. Brunswick, Md.

RECEIVED
OCT 1
BUREAU V. S.

08439

08467

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - ■ - 53

**1. PLACE OF DEATH:**

COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Orchard Avenue

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY Frederick

CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ Frederick

STREET ADDRESS (If rural, give location) 500 S. Market Street

| 3. NAME OF DECEASED: (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Franklin | Leonard | Notnagle | Sept. | 19, | 1954 |

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | May 1, 1901 | 53 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Blacksmith | Own | Maryland | USA |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| Jacob Notnagle | Catherine Hargett |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No — No | None | 500 South Market Street, Mrs. Helen M. Notnagle, Frederick, Maryland |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Shock due to hemorrhage | Ca. 2 hrs. |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Laceration of the scalp | Ca. 2 hrs. |
| DUE TO | | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fatty infiltration of liver; Chr. alcoholism

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐ |
|---|---|---|
| | | |

| 21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY | 21c. (City or town) | (County) | (State) |
|---|---|---|---|---|
| | Blacksmith shop | Frederick | Frederick | Maryland |

| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? |
|---|---|---|
| 9-19-54 Ca 11:30 A.M. | | Fell and struck head on metal |

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Durie, M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-19-54

| 23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~, (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept. 22, 1954 | Mount Olivet Cemetery | Frederick, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 21 Sept 1954 | Elizabeth M. Keck | M. R. Etchison & Son | Frederick, Maryland |

08440 08468

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (17)
STREET ADDRESS (If rural, give location): 1214 Druid Hill Ave.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) J. (Last) NUGENT
4. DATE OF DEATH (Month) SEPT. (Day) 5, (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: APR. 29, 1891
9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: LLOYD NUGENT
14. MOTHER'S MAIDEN NAME: SOPHIA BUSH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [redacted])
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 816 x Immediate cause | (a) BRONCHOPNEUMONIA | 7 DAYS |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) FRACTURED RIBS, CLAVICLE, JAW | 7 DAYS |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: HIGHWAY
(CITY OR TOWN) NR. THURMONT (COUNTY) FREDERICK (STATE) MD.
TIME OF INJURY (Month) AUG. (Day) 29, (Year) 1954 (Hour) 9:00 p.m.
INJURY OCCURRED While at work X Not while at work ☐
HOW DID INJURY OCCUR? TWO CAR HEAD-ON COLLISION

22. I certify that I took charge of the remains described above, held an Autopsy X Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, ~~Inspection or Inquiry,~~ find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title): Robert J. Fine, M.D. ADDRESS: Rte #6 Box 236, Frederick, Md. DATE SIGNED: 9-5-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/10/1954
NAME OF CEMETERY OR CREMATORY: Balto National
LOCATION (City, town, or county) (State): Balto Md
DATE REC'D BY LOCAL REG.: 9-8-54
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Mr. Katie R. Williams ADDRESS: Schroeder St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08469

08441 CERTIFICATE OF DEATH Reg. Dist. No. 13

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 165 W. All Saints St.

3. NAME OF DECEASED: (Type or Print) (First) Aaron (Middle) Lloyd (Last) Parker
4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1954
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): S
8. DATE OF BIRTH: Aug 3, 1954
9. AGE Last birthday: yrs. IF UNDER 1 YEAR: Months 1 Days 3 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Albert Weedon
14. MOTHER'S MAIDEN NAME: Hilda A. Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother - same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Atelectasis — 1 dy
DUE TO
Antecedent causes (b) Malnutrition — 3 wk
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO
(c) Hypertrophied pylorus & Hydrocephalus, internal — 5 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5 Sept. 54
19b. MAJOR FINDINGS OF OPERATION: Pyloric stenosis, congenital
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept, 1954, to 6 Sept., 1954, that I last saw the deceased alive on 5 Sept, 1954, and that death occurred at 3:55A, from the causes and on the date stated above.
SIGNATURE (Degree or title) B. L. Guest MD ADDRESS 72 Church St. Frederick DATE SIGNED 6 Sept 54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF Sept 7-54
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) (State) Frederick, Md.
DATE REC'D BY LOCAL REGISTRAR 7 Sept 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Charles E. Kicks III ADDRESS Frederick Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08471 08470

# CERTIFICATE OF DEATH

Reg. Dist. No. 1-45

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Smithburg
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) M (Last) Pryor

4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4-24-1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Josiah J. Kline

14. MOTHER'S MAIDEN NAME: Susan Lanebaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Maurice Pryor, Smithburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Chronic myocardial Failure — 3 years

DUE TO

(C) Essential Hypertension — 10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to Sept 15, 1954, that I last saw the deceased alive on Sept 15, 1954, and that death occurred at 6:15 A M, from the causes and on the date stated above.

SIGNATURE Ross S. Trench M.D. ADDRESS M.D. 117 W. Main St. Waynesboro Pa. DATE SIGNED 9-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 9-18-1954 — NAME OF CEMETERY OR CREMATORY: Greenmeadow Cemetery — LOCATION (City, town, or county) (State): Frederick Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 16, 1954 — REGISTRAR'S SIGNATURE: Floy M. Bittle — 24. FUNERAL DIRECTOR: Gladhill Co. — ADDRESS: Middletown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-54

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SEP 21 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08471

08442 CERTIFICATE OF DEATH Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 30 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 217 East Second Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) COLE (Last) REED
4. DATE OF DEATH: (Month) (Day) (Year) September 22, 1954
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: June 22, 1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Agent
10b. KIND OF BUSINESS OR INDUSTRY: B. O. Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry Reed
14. MOTHER'S MAIDEN NAME: Elizabeth Cole
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 705-07-7976
17. INFORMANT & ADDRESS: 217 East Second Street, Mrs. Ethel E. Reed, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pyelonephritis with calculi, right — Interval Between Onset And Death: 6 mo. +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Refractory anemia, cause unknown — 6 mo. +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1954, to 6/22, 1954, that I last saw the deceased alive on 6/22, 1954, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE Henry V Chase (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 9/23/1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial DATE THEREOF Sept. 24, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) Frederick, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 24 Sept. 1954 REGISTRAR'S SIGNATURE Elizabeth E. Reed

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, ADDRESS Maryland

SEP

08472

08472

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick-Rural — LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Woodsboro
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| EDGAR | EUGENE | RIPPEON, SR. | Sept. | 18 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | Widowed | Aug. 22 1878 | 76 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer | Rubberplant | Maryland | U. S. A. |

13. FATHER'S NAME: Bradley I. Rippeon
14. MOTHER'S MAIDEN NAME: Martha Fritz

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| no | 219-20-3371-A | Edgar E. Rippeon, Jr. Union Bridge, R.F.D. Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Chronic myocarditis | 2 yrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Arthritis | 2 yrs. |
| | (c) Arteriosclerosis | 2 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from ..... 1952, to Sept. 17, 1954, that I last saw the deceased alive on Sept. 17, 1954, and that death occurred at 3.30 P. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| H. Klee M.D. | Frederick Md | Sept 20 54 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept. 21, 1954 | Linganore Cemetery | Kuhnsville, Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 20 Sept. 1954 | Elizabeth S. Hess | J. C. Barton, Walkersville, Md. | |

RECEIVED
SEP 21 19
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08473

# CERTIFICATE OF DEATH

08443

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Myersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MAYNARD (Middle) JACOB (Last) ROUTZAHN

4. DATE OF DEATH: (Month) (Day) (Year) September 17 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH: Nov. 2, 1912
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Store
11. BIRTHPLACE (State or foreign country): Myersville, Fred. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob L. Routzahn
14. MOTHER'S MAIDEN NAME: Mary Ellen Brandenburg

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-09-9074
17. INFORMANT & ADDRESS: Louise W. Routzahn, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset And Death |
|---|---|---|---|
| 2 - X Immediate cause | (a) | Uremia | 5 months |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) | Nephrosclerosis | 1 year |
| | DUE TO (c) | Diabetes Mellitus | 20 years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease — 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Sept 17 1954, that I last saw the deceased alive on Sept 17, 1954, and that death occurred at 10.05 PM, from the causes and on the date stated above.

SIGNATURE Thomas E Stone (Degree or title) MD ADDRESS 4 West 3rd St DATE SIGNED 18 Sept 54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Sept. 19, 1954
NAME OF CEMETERY OR ~~CREMATORY~~ United Brethern
LOCATION (City, town, or county) (State) Myersville, Fred. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 19, 1954
REGISTRAR'S SIGNATURE [signature] Elizabeth G. Heck
24. FUNERAL DIRECTOR Paul F. Bittle, Myersville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08444 **CERTIFICATE OF DEATH** 08474

Reg. Dist. No. 131

1. PLACE OF DEATH: FREDERICK MEMORIAL HOSPITAL
COUNTY FREDERICK, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ RURAL MIDDLETOWN
STREET ADDRESS (If rural give location) RFD #1

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) C (Last) SHANK

4. DATE OF DEATH: (Month) SEPT (Day) 30 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: MAR 19, 1879
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DELAUTER, MAYLAND
14. MOTHER'S MAIDEN NAME: GAVER, ELMIRA

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr. Roma Shank, Middletown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY EMBOLI-THROMBOTIC — Interval Between Onset And Death: 2 hrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO PHLEBOTHROMBOSIS-VEINS Right Leg — ?

(c) DUE TO

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. METASTATIC CARCINOMA, RECTO SIGMOID — 2 YRS

19a. DATE OF OPERATION: SEPT 24, 1954
19b. MAJOR FINDINGS OF OPERATION METASTATIC CARCINOMA to TERMINAL ILEUM
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 15, 1954, to SEPT 30, 1954, that I last saw the deceased alive on Sept 30, 1954, and that death occurred at 5.50 P.M. from the causes and on the date stated above.

SIGNATURE John M. Culler (Degree or title) M.D. ADDRESS 15 E. SECOND. St., FREDERICK, MD DATE SIGNED SEPT 30, 54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF 10-3-1954
NAME OF CEMETERY OR CREMATORY Grossnickle Cemetery
LOCATION (City, town, or county) Fred. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct 2. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

08473 **MARYLAND STATE DEPARTMENT OF HEALTH** 08475

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullen
LENGTH OF STAY (In this place) 348 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 228 N. Mulberry Street,

3. NAME OF DECEASED (Type or Print): (First) Ida; (Middle); (Last) Sigler
4. DATE OF DEATH: (Month) Sept. (Day) 18, (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11/2/1869
9. AGE last birthday: 84 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Luray, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jefferson Skelton
14. MOTHER'S MAIDEN NAME: Sarah Skelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5, 1953, to Sept. 18 1954, that I last saw the deceased alive on Sept. 18, 1954, and that death occurred at 2:00 a. m., from the causes and on the date stated above.

SIGNATURE: J. D. Lyon M.D. (Degree or title) ADDRESS: Cullen, Maryland DATE SIGNED: Sept. 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9/20/54
NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
LOCATION (City, town, or county) (State): Luray, Virginia

DATE REC'D BY LOCAL REG.: 9/18/54
REGISTRAR'S SIGNATURE: J. D. Lyon
24. FUNERAL DIRECTOR ADDRESS: I. C. Bradley Funeral Home, Luray, Va.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08474

# CERTIFICATE OF DEATH

08476

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) ROSCOE (Middle) GARLAND (Last) SMITH
4. DATE OF DEATH: (Month) September (Day) 22 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 20, 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: General Motors
11. BIRTHPLACE (State or foreign country): Boonsboro, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Smith
14. MOTHER'S MAIDEN NAME: Margaret Roudabush
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War 1
16. SOCIAL SECURITY No.: 287-07-3029
17. INFORMANT & ADDRESS: Mrs Edna Smith, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c) Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1954, to Sept 22, 1954, that I last saw the deceased alive on Sept 22, 1954, and that death occurred at 2:10A, from the causes and on the date stated above.

SIGNATURE J E Harp (Degree or title) ADDRESS Middletown DATE SIGNED 9-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/25/1954 — NAME OF CEMETERY OR CREMATORY Boonsboro — LOCATION (City, town, or county) (State) Boonsboro, Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR Sept. 25, 1954 — REGISTRAR'S SIGNATURE Floy M. Bittle

24. FUNERAL DIRECTOR ADDRESS Paul F. Bittle, Myersville, Md.

VS. A15

EAU V. S

08445

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08477

# CERTIFICATE OF DEATH

Reg. Dist. No. 140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (In this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodsboro; STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| WILBUR | EDWIN | STOUT | Sept | 17 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | DATE OF BIRTH | 9. AGE Last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | married | Aug. 28, 1915 | 39 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Clerk - employed | Grocery store | Pennsylvania | U. S. A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Charles Stout | Georgia Shank |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| Yes World war II | 215-10-7233 | Mrs. Alice M. Stout, Woodsboro, Md. |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Carcinoma pancreas | 6 months |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Metastases to liver & peritoneum | 5 months |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites massive

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| July 1954 | Malignancy cells (needle biopsy liver) | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 10 April, 1954, to 17 Sep., 1954 that I last saw the deceased alive on 16 Sep., 1954, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| James C. Flowers | MD | Walkersville, Md | 18 Sep 54 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept. 19 1954 | Mt. Hope cemetery | Woodsboro, Frederick, Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9/18/54 | L. G. Powell | H. C. Barton, Walkersville, Md | |

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08478

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08475

# CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Marie (Last) Tortoro

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: May. 11, 1890
9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Guy Leva
14. MOTHER'S MAIDEN NAME: Guilotta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Mr. Francis Tortoro Thurmont, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
IMMEDIATE CAUSE (A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of Stomach — 6 mo.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Aug. 2, 1954
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1954, to Sept. 29, 1954, that I last saw the deceased alive on Sept. 28, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.
SIGNATURE M. Franklin Bird M. D. ADDRESS Thurmont Md. DATE SIGNED 9/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 1, 1954
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 30 1954
REGISTRAR'S SIGNATURE Blanche S. Eyler
24. FUNERAL DIRECTOR M. L. Creager & Son
ADDRESS Thurmont, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08479

08476 CERTIFICATE OF DEATH Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg,
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Seton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg,
STREET ADDRESS (If rural give location) North Seton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Francis (Last) Wachter

4. DATE OF DEATH: (Month) Sept. (Day) 13, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 29, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Shoe maker

10b. KIND OF BUSINESS OR INDUSTRY: Shoes Making & Repair

11. BIRTHPLACE (State or foreign country): Liberty Twp. Adams Co.Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Wachter

14. MOTHER'S MAIDEN NAME: Agnes Topper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 277442

17. INFORMANT & ADDRESS: Clarence E. Wachter Emmitsburg. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 15 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiac vascular disease — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 45, to Sept 13, 54, that I last saw the deceased alive on Sept 13, 1954, and that death occurred at 7.45 P., from the causes and on the date stated above.

SIGNATURE C. E. Wachter (Degree or title) ADDRESS Emmitsburg Md DATE SIGNED 9-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 16, 1954 NAME OF CEMETERY OR CREMATORY St. Josephs Catholic LOCATION (City, town, or county) Emmitsburg, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Sept 15=1954 REGISTRAR'S SIGNATURE M. F. Stuff

24. FUNERAL DIRECTOR S. L. Allison ADDRESS Emmitsburg, Md.

S. L. Allison

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick

LENGTH OF STAY (In this place) yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS W. All Saints Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick

CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ Frederick

STREET ADDRESS (If rural, give location) No fixed address

3. NAME OF DECEASED: (Type or Print) (First) MARK (Middle) ALLEN (Last) WATERS

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 28, 1954

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): WIDOWED

8. DATE OF BIRTH: Mar. 31 – 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES ALLEN WATERS

14. MOTHER'S MAIDEN NAME: MARY ELIZABETH THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: SISTER-MINION BROWN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) PULMONARY TUBERCULOSIS | YRS |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) IDIOPATHIC EPILEPSY | YRS |
| DUE TO | | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CHRONIC ALCOHOLISM

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. NONE

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Turie, M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-28-54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial

DATE THEREOF Oct. 2-54

NAME OF CEMETERY OR CREMATORY Mt. Pleasant

LOCATION (City, town, or county) (State) Mt Pleasant Fred. Co Md.

DATE REC'D BY LOCAL REG. 1 October 1954

REGISTRAR'S SIGNATURE Elizabeth G. Hark

24. FUNERAL DIRECTOR Charles E. Hicks III

ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

08477 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

08481

Reg. Dist. No. ~~82~~ 83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN mt. airy; LENGTH OF STAY (in this place) 10 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Prospect Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN mt. Airy
   STREET ADDRESS (If rural, give location) Prospect Ave,

3. NAME OF DECEASED (Type or Print): (First) Louisa (Middle) Agnes (Last) Watkins

4. DATE OF DEATH: (Month) September (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Aug 13, 1874

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? Usa.

13. FATHER'S NAME: Jeremiah Watkins

14. MOTHER'S MAIDEN NAME: Ann Moxley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
    (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Foard Hood - mt. Airy, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | Immediate |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Heart Disease | 10 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about June, 1952, to September, 1954; that I last saw the deceased alive on Sept 8, 1954, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: W B Culwell | (Degree or title) M.D. | ADDRESS mt. Airy, md | DATE SIGNED September 10, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 9-13-1954 | NAME OF CEMETERY ~~OR CREMATORY~~: Prospect | LOCATION (City, town, or county) (State): Frederick Co Md

DATE REC'D BY LOCAL REG.: Sept. 13, 1954 | REGISTRAR'S SIGNATURE: Mrs. Clarice Runkles

24. FUNERAL DIRECTOR: L. M. Watts | ADDRESS: Winfield. Md

mnt

08447 MARYLAND STATE DEPARTMENT OF HEALTH 08482

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (In this place) 6 Hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doubs; STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MARGARET | MILLBERRY | WEEDON | 9 | 30, | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | Negro | Married | 30 May 1935 | 19 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| House-work | Own Home | Maryland | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Lawrence E. Millberry | Margaret Layer |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | None | Mrs. Margaret L. Millberry, Doubs, Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 2nd and 3rd Degree Thermal Burns ( 100% ) — 12 Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No XX |
|---|---|---|
| | | |

| 21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ OF CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Near Doubs | (COUNTY) Frederick, Md. | (STATE) |
|---|---|---|---|---|

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ | Not while at work X | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| 9- | 29- | 54 | 5:30 p.m. | ☐ | X | Threw Coal Oil Into Stove |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident XX suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert J. Durie (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 30 Sept 1954

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 2 Oct 1954 | Sunnyside Methodist Cemetery | Frederick County Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 1 October 1954 | Elizabeth S. Tech | M. R. Etchison & Son | Frederick, Maryland |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08483

08478

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) St. Marks
STREET ADDRESS (If rural give location) Route 340

3. NAME OF DECEASED: (Type or Print) First Susan (Middle) — (Last) Werking

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): Single
8. DATE OF BIRTH: ?
9. AGE last birthday: 86? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: dont know
14. MOTHER'S MAIDEN NAME: Dont know

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: J. W. Werking Ellicott City Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death 20 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to June, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 5:30 am from the causes and on the date stated above.

SIGNATURE (Degree or title) H. H. Kline M.D. ADDRESS Ordeneo Md DATE SIGNED Sept 4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-6-54
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town or county) Burkittsville Md (State)

DATE REC'D BY LOCAL REGISTRAR 4 Sept. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR C. A. Fields & Bro ADDRESS Brunswick Md

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 8 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08484

08455

# CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 N. Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 201 N. Maple Ave.

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) LUCILLE (Last) WIGINGTON

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH: 8-26-1886
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Metz
14. MOTHER'S MAIDEN NAME: Mollie Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Robert Piercy Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

174X

Immediate cause (a) Carcinoma — thyroid with — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) generalized & local metastasis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1-, 1954, to 9-29, 1954, that I last saw the deceased alive on 9-29, 1954, and that death occurred at 5:55 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS Brunswick Md. DATE SIGNED 9-30-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Oct. 1-54
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) (State) Brunswick Md

DATE REC'D BY LOCAL REG. Sept 30-54
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C. H. Feete & Bro ADDRESS Brunswick Md.

VS. A15 8-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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OCT 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08485

08448 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Frederick
LENGTH OF STAY (in this place) 3 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural R. D. #4,
STREET ADDRESS (If rural give location) Feagaville

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) MILLER (Last) WOODWARD

4. DATE OF DEATH: (Month) (Day) (Year) September 23, 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 11, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Woodward

14. MOTHER'S MAIDEN NAME: Mary Catherine Comer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: /?

17. INFORMANT & ADDRESS: Mrs. Annie H. Woodward, Frederick, R.D.#4, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Acute Cardiac Decompensation | 12h |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO Cardio Vascular Renal Disease | 15 years |
| | (c) DUE TO | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Edema

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 42, to Sept 23, 19 54, that I last saw the deceased alive on Sept 23, 19 54, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Lawrence Fahrney M. D. ADDRESS Frederick, Maryland DATE SIGNED 9/24/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 25, 1954 NAME OF CEMETERY OR CREMATORY St. Lukes Cemetery LOCATION (City, town, or county) (State) Frederick County, Maryland

DATE REC'D BY LOCAL REGISTRAR 25 Sept. 1954 REGISTRAR'S SIGNATURE Elizabeth H. Keck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

08449 **MARYLAND STATE DEPARTMENT OF HEALTH** 08486

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 28 E. 3rd St.

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) KATE (Last) WORMAN
4. DATE OF DEATH (Month) 9 (Day) 14 (Year) 1954
5. SEX female
6. COLOR OR RACE white
7. ~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH Dec 13, 1869
9. AGE last birthday 84 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Hauch
14. MOTHER'S MAIDEN NAME Eliza F. Dudrear
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Grace Lebherz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute pulmonary oedema — hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to 9/14, 1954, that I last saw the deceased alive on 9/13, 1954, and that death occurred at 2:20A m., from the causes and on the date stated above.

SIGNATURE James B. Thomas, M.D. (Degree or title) ADDRESS Frederick, Md. DATE SIGNED 9/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9/16/54
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REG. 15 Sept 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR H. E. Carty Co. ADDRESS Frederick Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08487

08450

# CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town) Frederick 11
LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural--Mt. Airy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mrs Wm (Middle) (Last) Wright

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): married

8. DATE OF BIRTH: 2-7-1875

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Augustus Wolfe

14. MOTHER'S MAIDEN NAME: Frances Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: James E.Wright, Mt. Airy,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 6mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Congestive Heart Failure

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 1954, to Sept 22, 1954 that I last saw the deceased alive on Sept 22, 1954 and that death occurred at 10:05 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) G.A. Pearre M.D. ADDRESS Frederick Md DATE SIGNED 9/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 9-25-1954

NAME OF CEMETERY OR CREMATORY Providence (Kemptown)

LOCATION (City, town, or county) (State) Montgomery Co. Maryland

DATE REC'D BY LOCAL REGISTRAR 23 Sept 1954

REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR C.M. Waltz, ADDRESS Winfield, Md.

RECEIVED
SEP 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08488

08451 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL NEW MARKET
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) LILLIAN NOVELLA YEAGER
4. DATE OF DEATH: (Month) (Day) (Year) SEPT 10 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) MARRIED
8. DATE OF BIRTH: 12-9-1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: SEWER
10b. KIND OF BUSINESS OR INDUSTRY: SEWING FACTORY
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: NEWTON A. BABOR
14. MOTHER'S MAIDEN NAME: SARAH JANE MICHIAL
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 230-32-6265
17. INFORMANT & ADDRESS: CHARLES L. YEAGER MT AIRY MD R.E.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.0

Immediate cause (a) Pulmonary Atelectasis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Empyema of Gall Bladder

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION Empyema of G.B. Cholelithiasis
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 6, 1954, to Sept 10, 1954, that I last saw the deceased alive on Sept 10, 1954, and that death occurred at 7 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) E P Thomas
ADDRESS Frederick Md
DATE SIGNED Sept 12-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) BURIAL
DATE THEREOF 9-13-1954
NAME OF CEMETERY OR CREMATORY KNOXVILLE CEMETERY
LOCATION (City, town, or county) (State) KNOXVILLE FREDK MD
DATE REC'D BY LOCAL REGISTRAR 9-12-54
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR W. E. Falconer
ADDRESS New Market Md

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1954
BUREAU V. S.